

# North Cape School District

## Home of the Vikings

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Franksville, WI 53126  
Phone: 262-835-4069  
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[www.northcape.k12.wi.us](http://www.northcape.k12.wi.us)

Dear Parents/Guardians,

**Registration for the 2021-2022 school year will be open through May 21<sup>st</sup>.** The following pages are located on the North Cape School website [Additional Registration Forms](#) for parents to print and fill out in advance. Some of these items will not apply to everyone. Please read the description of each and print, fill out and return the ones that apply to your child(ren). You may return your registration forms to the school office between 7:30 a.m. – 4:00 p.m., scan and email them to Darlene Pichler, or please feel free to return your form by mail.

### **STUDENTS WILL NEED THE FOLLOWING TO REGISTER:**

- **Registration form**
- **\$30.00 Registration fee and any outstanding fees**

### **THE FOLLOWING FORMS SHOULD BE RETURNED IF THEY PERTAIN TO YOUR FAMILY:**

- **Immunization Record** – if you have had any new immunizations
- **Waiver and Release of Claims** - 5<sup>th</sup> – 8<sup>th</sup> graders who will play sports
- **Alternative Bus Stop** - If your child gets picked up or dropped off by the bus any place other than home.
- **Sharing Information** - If you want to share information with another person (ex-spouse, grandparents, stepparent) about your student's grades, school activities, etc.
- **Koss UR10i Headphone Order**
- **Gym Uniforms** - for grades 5<sup>th</sup> – 8<sup>th</sup>

Other items for your reference are:

- North Cape Website Information
- North Cape School's Calendar for 2021-2022
- Pupil Transportation Handbook, one for 1<sup>st</sup>-8<sup>th</sup> grade, one for 4K-5K
- Student Expectations for grades 4K-8<sup>th</sup>
- Supply Lists for all Grades
- Meningococcal Disease Information – 6<sup>th</sup>-8<sup>th</sup> grade students
- North Cape School's policies regarding Internet usage: Acceptable Use of Technology
  - Policy #363.2; 363.2-Rule

Checks should be made out to North Cape School District. Registration fees: \$30.00

Lunch checks should be made out to Taher.

If you have any questions regarding registration, please feel free to contact Darlene Pichler, Administrative Assistant. 262-835-4069.

Thank you.

# NORTH CAPE SCHOOL

## CURRENT STUDENT REGISTRATION FORM

### STUDENT INFORMATION

Student's Legal Name: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female  
(Last, First, Middle)

\*Date of Birth: \_\_\_\_\_ Student's Nickname: \_\_\_\_\_ 21-22 Grade Level: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

City & State of Student's Birth: \_\_\_\_\_ County of Student's Birth: \_\_\_\_\_

Student's Language Spoken at Home: \_\_\_\_\_

*Student's Race/Ethnicity (for statistical purposes only – state proficiency test requires this information)*

1. Is this student Hispanic or Latino? \_\_\_ Yes \_\_\_ No
2. Select one or more of the following categories that apply to this student.  
\_\_\_ American Indian or Alaskan Native      \_\_\_ Black or African American      \_\_\_ Asian  
\_\_\_ Native Hawaiian or Other Public Islander      \_\_\_ White

### PARENT INFORMATION

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
(Last, First, Middle)

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

City/State of Employer: \_\_\_\_\_ Mother's Language Spoken at Home: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
(Last, First, Middle)

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

City/State of Employer: \_\_\_\_\_ Father's Language Spoken at Home: \_\_\_\_\_

*Student lives with:*

\_\_\_ Both Mom and Dad      \_\_\_ Joint Custody (# Days w/Mom \_\_\_ # Days w/Dad \_\_\_)

\_\_\_ Guardian (Name and Relationship to Student: \_\_\_\_\_)

Additional Comments: \_\_\_\_\_

*\*Please Note: You need to provide the office with legal documentation if a parental guardian is not allowed any contact with your child.*

(See Reverse for More)

Guardian's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
(Last, First, Middle)

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

City/State of Employer: \_\_\_\_\_ Guardian's Language Spoken at Home: \_\_\_\_\_

**Other Adult (stepfather, stepmother, boyfriend or girlfriend that lives in the home with the student):**

\_\_\_\_\_ Email: \_\_\_\_\_  
(Last, First, Middle)

Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Other Adult's Language Spoken at Home: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

\*List in order of priority. Must have at least 2 emergency contacts.

#### Contact #1

Full Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

#### Contact #2

Full Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

### MEDICAL INFORMATION

Family Physician Name: \_\_\_\_\_ Family Physician Phone #: \_\_\_\_\_

Name of Hospital Preferred: \_\_\_\_\_ Hospital Address/City: \_\_\_\_\_

Do any of the following medical conditions apply to the student?

\_\_\_\_\_ Asthma      \_\_\_\_\_ Allergies (list below w/treatment)      \_\_\_\_\_ Heart Disease

\_\_\_\_\_ Other (please list w/treatment) \_\_\_\_\_

Any Health Concerns the Teacher should know about? \_\_\_\_\_

Any Educational Concerns the Teacher should know about? \_\_\_\_\_

## PARENT/STUDENT HANDBOOK ACKNOWLEDGEMENT

The Parent/Student Handbook is available on the North Cape School website. Please review the handbook on the website or request a copy from the school office. [Parent/Student Handbook](#)

## ACKNOWLEDGEMENT OF ACCEPTABLE USE OF TECHNOLOGY RULES

**I have read the district's Student Acceptable Use of Technology Rules.** I understand that any violation of these rules may result in disciplinary action. Examples of possible consequences for improper use of technology include the following: 1. Suspension, restriction, or revocation of the privilege of use of district technology resources. 2. The imposition of academic consequences for academic-related violations. 3. Suspension and/or expulsion from school. 4. Referral to law enforcement. [Acceptable Use of Technology](#)

## CHROMEBOOK STUDENT/PARENT/TEACHER CONTRACT

**I have read the district's Student/Parent/Teacher Chromebook Contract.** In order to use the Chromebook for required class activities, students must be responsible for adhering to these rules and policies at all times. I understand that any violation of these rules may result in loss of the device and/or void the warranty. [Chromebook Contract](#)

## HOME LANGUAGE SURVEY

In order for all students to receive the educational services that they need, the law requires us to ask questions about students' language backgrounds. The answers will assist staff in determining whether a student's proficiency in English needs to be evaluated, and assist in communicating with the home. This only will be used for school purposes.

1. What is the primary language spoken in the student's home, regardless of the language(s) spoken by the student?  English  Other (please specify) \_\_\_\_\_
2. What language did your child first learn?  English  Other (please specify) \_\_\_\_\_
3. What is the primary language that you use when speaking to your child?  English  Other (please specify) \_\_\_\_\_
4. What is the language most often spoken by your child when not at school?  English  Other (please specify) \_\_\_\_\_
5. Is there an adult in your home who can read and understand English?  Yes  No  
If not, what language(s) can be read and understood? \_\_\_\_\_
6. When different options are available, in what language would you prefer to receive information from school?  
 English  Other (please specify) \_\_\_\_\_

If you have questions about this survey, please contact Mrs. Anna Vos, Interventionist/Literacy – 262-835-4069 x112.

## ACTIVE PARENT IN MILITARY

1. Is either parent or guardian on active duty in the military?  Yes  No
2. Is either parent or guardian a traditional member of the Guard or Reserve?  Yes  No
3. Is either parent or guardian a member of the Active Guard/Reserve (AGR) Under Title 10 or full-time National Guard under Title 32?  Yes  No

## DIRECTORY DATA OPT-OUT

**Please complete ONLY if you wish to withhold any directory data.**

*I do not want the North Cape School District to disclose "directory data" as checked below without prior consent from parent, legal guardian, guardian ad litem.*

- Student Name*                       *Month & Day of Birth*                       *Grade Level in School*
- Dates of Attendance (not including daily attendance records)*                       *Participation in Activities & Sports*
- Weight and Height (Athletic Team Members Only)*                       *School Recently/Previously Attended*
- Recorded Images of the student that are not being maintained by the district for a separate purpose as a behavioral record.*
- Awards, Honors and recognitions received by the student*

*I wish to opt out of the disclosure of my child's student directory data in response to all third party (i.e., non-school) requests. However, my child's directory data may be used and disclosed in connection with school-sponsored activities and school-sponsored publications and communications (such as yearbooks, printed activity programs, newsletters, etc.).*

## STUDENT/PARENT/GUARDIAN SIGNATURE

*All information given is correct and accurate to the best of my knowledge. I have read and discussed with my child (where applicable) all of the above and understand and agree to follow the guidelines as set forth.*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*